



City of Long Beach
Planning & Building Department
333 W. Ocean Blvd., 4th Floor
Long Beach, CA 90802
(562) 570-6651 Fax: (562) 570-6753

Moving Permit Application

APP-015 ver. 01.09.27

PLEASE PRINT CLEARLY						Project No.		Approved for PC Only	
1. ADDRESS (NOT MAILING ADDRESS)							DATE / /		
From:				To:					
2. APPLICANT LAST NAME-FIRST NAME						PLEASE CHECK <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE / TENANT <input type="checkbox"/> AGENT FOR <input type="checkbox"/> DESIGNER <input type="checkbox"/> CONTRACTOR			
3. APPLICANT MAILING ADDRESS				E-MAIL ADDRESS					
4. CITY-STATE			ZIP		PHONE			FAX	
5. HOUSE MOVING CONTRACTOR LAST NAME-FIRST NAME						STATE LICENSE NO. & TYPE			
6. HOUSE MOVING CONTRACTOR MAILING ADDRESS				E-MAIL ADDRESS					
7. CITY-STATE			ZIP		PHONE			FAX	
8. ROUTE AND TIME							ROUTE APPROVAL		
TIME : AM PM MONTH DAY 20									
STARTING FROM TO									
ALONG TO									
ALONG TO									
ALONG TO									
ALONG TO									
ALONG TO									
ALONG TO									
9. OCCUPANCY GROUP		TYPE OF CONSTRUCTION		NO. OF STORIES		TOTAL SQUARE FEET OF THIS BUILDING		DATE POSTED	
NOTE - SEPARATE BUILDING AND PLUMBING PERMITS ARE REQUIRED TO REMOVE EXISTING FOUNDATION AND CAP THE SEWER FROM ORIGINAL LOCATION. SEPARATE PERMITS ARE REQUIRED FOR FOUNDATION AND REPAIRS AT THE NEW LOCATION. LEAVE KEY WITH APPLICATION. A SEPARATE PLOT PLAN MUST BE COMPLETED BY THE APPLICANT. THIS MUST SHOW SIZE OF LOT, LOCATION OF ALL BUILDINGS AND OFF STREET PARKING FACILITIES.									
10. I HAVE CAREFULLY EXAMINED AND READ THE ABOVE APPLICATION AND KNOW THE SAME IS TRUE AND CORRECT, AND THAT ALL PROVISIONS OF THE BUILDING ORDINANCES AND STATE LAWS WILL BE COMPLIED WITH, WHETHER HEREIN SPECIFIED OR NOT.									
SIGNATURE:						DATE:			
FOR DEPARTMENT USE ONLY							ISSUED BY (INITIALS)		
ZONE	SPECIAL SETBACK	SETBACKS F	S	R	CF TO PL	PAGE NO.	ZONING APPROVED <input type="checkbox"/> INT		PLANNING STAMP REQUIRED <input type="checkbox"/>
NOTIFY THE CASHIER WITH ONE OF THE FOLLOWING:									
<input type="checkbox"/> Contractor with Workers' Compensation					<input type="checkbox"/> Contractor without Workers' Compensation				
<input type="checkbox"/> Developer with Workers' Compensation					<input type="checkbox"/> Developer without Workers' Compensation				
<input type="checkbox"/> Owner with Workers' Compensation					<input type="checkbox"/> Owner without Workers' Compensation				
Workers' Compensation Company Name				Expiration Date / /			Policy No.		
This information is available in alternative format by request to the Development Services Center at (562) 570-6651 or (562) 570-6793 TDD. Visit our website at www.ci.long-beach.ca.us/plan									